

Criminal Investigation Tobacco Complaint Form

Complete all the fields in the form below. If an item is unknown or not applicable, use Unk or N/A.

Please note: confidentiality laws prevent us from providing you with any feedback regarding the information you provide.

Print and mail this form to: Criminal Investigations, PO Box 25248, Phoenix AZ 85002

-or- save this document and attach it to an email along with any supporting documents and send it to the Criminal Investigations email address on the preceding page.

Subject of Referral

Name: Address:
City/State/ZIP: Phone #: SSN/TIN:
Business Name:
Business Address: City/State/ZIP:
Criminal History:
Others Involved (if known): Addresses:

Evidence of Criminal Intent

What is the alleged tobacco fraud?

Is there any documentation to support the fraud? Yes No

If yes please attach to this document or if you are emailing this, please attach it to the email.

What is the approximate period of time in which this fraud occurred?

What is the estimated dollar amount of this fraud?

Are there others that can corroborate this fraud? Yes No

If yes, please provide us with their name(s) and any contact information (addresses or phone numbers) that you have for them.

Please provide any additional Information you may have:

Financial Information (If Known)

Assets owned: (real estate, etc.) Vehicles:
Financial institution and/or brokerage account. information:
Any other assets owned such as boats, airplanes, etc:

Referral's Information (Optional)

Name: Phone#:
How did you become aware of this activity?
